

# STA Quality Improvement Council - Quality Assurance Review Planning Worksheet

1. What is the work process to be reviewed?

*Highway Bridge Replacement and Rehabilitation Program*

2. Has this process been selected for review because of an identified quality concern, or because this process was due for review, or both?

*Both*

3. If there is a quality concern, what is it?

*Local bridge projects are programmed beyond the scope of replacement funding.*

4. Who are the users of the output of this process?

*Bridge Staff, Planners, Regions, local entities, FHWA and the traveling public.*

5. Who is the person accountable for the process and who has the authority and expertise to develop and implement changes to this process?

*Bridge Engineer, Bridge Management Engineer*

6. Please respond to one of the two following options:

**OPTION A-** This review will look at the entire work process from beginning to end.

*The local agency HBRRP scoping process was selected.*

What is the beginning and ending of the process?

*Beginning: A bridge is identified on the select list.*

*End: The bridge project is programmed in ProMIS.*

**OPTION B-** This review will look at key elements of the process and not the entire process.

What are the beginning and ending steps for each of the key elements to be reviewed?

7. Where is the process documented?

*STA has prepared draft guidelines.*

8. Are there other documents that contain standards, guidelines and/or quality expectations for this process and its output?

*23 CFR, Part 650.407, Sub Part D*

9. Who is the lead reviewer for this QAR?

10. Who are the other members of the review team? (If any)

11. What is the schedule for this QAR?

*Team assembled: February 13, 2001*

*Reviews conducted: February 20, 2001 - March 15, 2001*

*Report completed: March 30, 2001*

12. Who will attend these activities, besides the review team?

*We will select from the following:*

*.... Municipal League, Region Local Agency Coordinators, City and County of ....., ... Co., ..... Co., ...Co., .... Co.,  
...Co., ....Co., City of ....., City of ....., City and County of ....., .....Co.*

13. What will be the distribution of the QAR report?

*Reviewed entities, QIC, EMT*